



City of Seattle
Department of Construction and Inspections
700 Fifth Avenue, Suite 2000
P.O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850

Seattle DCI Project Number

001175-20PA

Statement of Financial Responsibility/ Agent Authorization

Project Address	700 W BARRETT ST, SEATTLE WA 98119
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NAME AND ADDRESS OF FINANCIALLY RESPONSIBLE PARTY (Required)

A. Name of Individual or Entity (<i>Company, Partnership, etc.</i>) Assuming Financial Responsibility	QA2 LLC
B. Name of Individual Signing on Behalf of an Entity (<i>Company, Partnership, etc.</i>)	Graham Black
C. Financially Responsible Party Relationship to Property	<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Property Lessee <input type="checkbox"/> Property Contract Purchaser <input type="checkbox"/> Public Agency <input type="checkbox"/> Service Requestor (check only if request does not directly relate to the development of real property i.e. request for interpretation, legal building site letter)
D. Mailing Address (<i>of individual signing statement</i>)	4665 Pear Point Road, Friday Harbor, WA 98250
E. Telephone (<i>of individual signing statement</i>)	206 293-3464
F. Email (<i>of individual signing statement</i>)	Gibblack@gmail.com

Individual Declaration of Financial Responsibility (*must match the individual's name listed in "A" above*)

I _____ (printed name) declare that I am the _____ (relationship to project or service request) and that I am responsible for payment of all fees associated with this project or other request to DPD requiring payment of fees, including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued.

Signature

Date

Entity Declaration of Financial Responsibility *(must match the individual name in "B" above and have authority to bind entity named in "A" above)*

I Graham Black *(printed name)* declare that in my capacity as the managing member *(position within entity - ie manager, CFO, etc)* for QA2 LLC *(financially responsible entity named in "A" above)* I have the authority to bind the Financially Responsible party named above to payment of all fees associated with this project or other request to DPD requiring payment of fees, including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued.

DocuSigned by:

Graham Black

02.25.2020

Signature

Date

AGENT AUTHORIZATION (Optional):

I hereby authorize the individual named below to act as the primary contact (aka primary applicant) for this project. This individual is not responsible for the payment of fees.

Primary Applicant Name: STEVE BULL / WORKSHOP AD

Primary Applicant Phone: 206.903.5414

Primary Applicant Email: STEEVEB@WORKSHOPAD.COM

Primary Applicant Address: 310 S WASHINGTON ST, SEATTLE WA 98104